

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

871

Lobbyist's Registration Number

**Instructions**

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8172, or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form, to add or remove the person you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representation.

**FOR OFFICE USE ONLY**Postmark Date: 5-9-08JULY 1OKR**1072367**NAME Ric Pre Markay W  
First MI2. BUSINESS PHONE (318) 215-01163. BUSINESS ADDRESS 401 Market St., Ste. 550, Shreveport, LA 71101  
Street and No. City State ZipMAILING ADDRESS PO BOX 101  
Street and No. City State Zip4. EMPLOYER Southern Strategy Group of NLA, LLC5. EMPLOYER'S ADDRESS 401 Market St., Ste. 550, Shreveport, LA 71101  
Street and No. City State Zip6. Have you added or terminated lobbying activities requiring registration? Yes        No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business such is engaged in or the purpose or function of the organization or group; (d) who hires you or the client, or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Mid-South Independent Pharmacies AssociationAddress 631 St. Ferdinand, Baton Rouge, LA 70802Business purpose Organization made up of independent pharmacists My Representative  
Does this person pay you? NOIf No, who pays you? Southern Strategy Group of NLA, LLC I am listed in the Register of Persons of \_\_\_\_\_**HAND DELIVERED**

**SUPPLEMENTAL REGISTRATION FORM**871  
**Lobbyist's Registration Number**

I. Name \_\_\_\_\_

Address \_\_\_\_\_

Business purpose \_\_\_\_\_

 As Representative

Does this person pay you? \_\_\_\_\_

If No., who pays you? \_\_\_\_\_

 Unincorporated Representation of \_\_\_\_\_

J. Name \_\_\_\_\_

Address \_\_\_\_\_

Business purpose \_\_\_\_\_

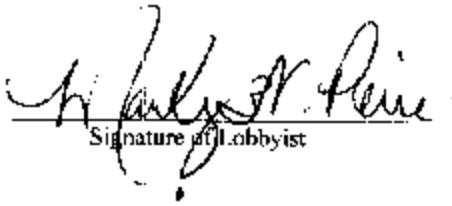
 As Representative

Does this person pay you? \_\_\_\_\_

If No., who pays you? \_\_\_\_\_

 Unincorporated Representation of \_\_\_\_\_**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist